

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street)

15305 Dallas Parkway, Suite 1600

☐Check if different  
than previously  
reported. (ACC)

Addison

TX

75001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00402073

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

03

07

2006

in the  
State of

TX

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

02

15

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Wellik

Signature of Treasurer

Electronically Filed by John Wellik

Date

04

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	1	5	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		70733.04
(b) Cash on Hand at Beginning of Reporting Period .....	70733.04	
(c) Total Receipts (from Line 19) .....	2758.97	2758.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73492.01	73492.01
7. Total Disbursements (from Line 31) .....	9845.26	9845.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	63646.75	63646.75
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 2D D  
1 5Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2132.60	2132.60
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	626.37	626.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	2758.97	2758.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	2758.97	2758.97
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2758.97	2758.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2758.97	2758.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	345.26	345.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	345.26	345.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9845.26	9845.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9845.26	9845.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2758.97	2758.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2758.97	2758.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	345.26	345.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	345.26	345.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Margue Allen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 7150 Huebner Road, #250		
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 60223.C151
Name of Employer Texas KNS, LP		Amount of Each Receipt this Period 236.31
Occupation Medical doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 236.31		

<b>B.</b> Full Name (Last, First, Middle Initial) Harrison Bowes, Jr		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 730 N Main Ave Ste 721 Suite 721		
City San Antonio	State TX	Zip Code 78205-1117
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 60223.C147
Name of Employer Alamo Heights		Amount of Each Receipt this Period 210.00
Occupation Medical doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John Etlinger		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 102 Sleepy Elm		
City San Antonio	State TX	Zip Code 78209-2252
FEC ID number of contributing federal political committee. C		<b>Transaction ID:</b> 60131.C130
Name of Employer Alamo Heights		Amount of Each Receipt this Period 294.74
Occupation Medical doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 294.74		

**SUBTOTAL** of Receipts This Page (optional) .....

741.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Naji Kayruz

Mailing Address PO Box 781627

City State Zip Code  
 San Antonio TX 78278-1627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sanaka Enterprise, LP

Occupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 60223.C152

Amount of Each Receipt this Period

210.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Evangeline Ramos-Gonzales

Mailing Address 1303 McCullough Ave Ste GL-170  
 Suite GL-170

City State Zip Code  
 San Antonio TX 78212-5609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alamo Heights

Occupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.31

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 60223.C146

Amount of Each Receipt this Period

236.31

Receipt

**C.** Full Name (Last, First, Middle Initial)

Miguel Saldana

Mailing Address 414 Navarro St # 1616  
 #1616

City State Zip Code  
 San Antonio TX 78205-2516

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alamo Heights

Occupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.31

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 4 / 2 0 0 6

Transaction ID: 60223.C139

Amount of Each Receipt this Period

236.31

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

682.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Shulman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 999 E Basse Rd Ste 127 #127		<b>Transaction ID:</b> 60223.C143
City San Antonio	State TX	Amount of Each Receipt this Period 236.31
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Alamo Heights	Occupation Medical doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.31	

<b>B.</b> Full Name (Last, First, Middle Initial) Michael Troy		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 1303 McCullough Ave Ste GL70		<b>Transaction ID:</b> 60223.C149
City San Antonio	State TX	Amount of Each Receipt this Period 236.31
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Alamo Heights	Occupation Medical doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.31	

<b>C.</b> Full Name (Last, First, Middle Initial) Franz Zurita		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 8210 Liberty Park		<b>Transaction ID:</b> 60223.C142
City Boerne	State TX	Amount of Each Receipt this Period 236.31
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Alamo Heights	Occupation Medical doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.31	

**SUBTOTAL** of Receipts This Page (optional) .....

708.93

**TOTAL** This Period (last page this line number only) .....

2132.60



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address Bank of America, N.A.

City  
Dallas

State  
TX

Zip Code  
75283-

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60223.E57

Date of Disbursement

/   /

Amount of Each Disbursement this Period

149.47

BANK FEE

Full Name (Last, First, Middle Initial)

## **B. Bank of America**

Mailing Address Bank of America, N.A.

City  
Dallas

State  
TX

Zip Code  
75283-

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60223.E58

Date of Disbursement

/   /

Amount of Each Disbursement this Period

143.29

BANK FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

292.76

**TOTAL** This Period (last page this line number only) .....

292.76

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hall for Congress Committee

Mailing Address PO Box 711

City  
Rockwall

State  
TX

Zip Code  
75087-0711

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
RALPH MOODY HALL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: 60131.E44

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Texas Freedom Fund

Mailing Address 104 Hume Ave

City  
Alexandria

State  
VA

Zip Code  
22301-1015

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: 60131.E45

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Freedom Fund

Mailing Address 1155 21st St NW Ste 300  
Suite 300

City  
Washington

State  
DC

Zip Code  
20036-3312

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: 60223.E54

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

4500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Joe Nixon for Senator

Mailing Address 14655 Northwest Fwy Ste 103

City  
Houston

State  
TX

Zip Code  
77040-4032

Purpose of Disbursement  
DONATION TO STATE CANDIDATE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60223.E56

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

Image# 26940077849

Form/Schedule: **F3XA**      An administrative error in the entry of the original filing (setting the aggregation date to 2005 instead of  
Transaction ID: **C00402073**      2006) caused a discrepancy in closing cash on hand balances for the period and the year to date. We have corrected this error.

\*\*\*\*\*